

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MRS. Julie Merrifield NICKNAME LAST SUFFIX Schultz		<b>OFFICE USE ONLY</b> Date Received <b>HAND</b> SEP 28 2011 <b>DELIVERED</b> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3208 Innsbruck Circle College Station, TX 77845		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 694-7846		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Tim NICKNAME LAST SUFFIX Jones		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 716 Willow Loop College Station, TX 77845		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 229-9663		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 5 / 7 / 11    9 / 6 / 11		
11 ELECTION N/A	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) College Station City Council Place 5		13 OFFICE SOUGHT (if known)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

### 17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

### 18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1,050.<sup>00</sup>2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 2,750.<sup>00</sup>

### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 3,573.<sup>96</sup>

### CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

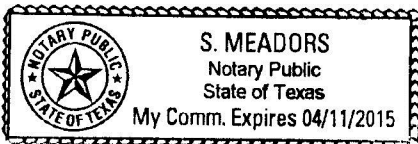
\$ —

### OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 343.<sup>67</sup>

### 19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Julie Schultz*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Julie Schultz, this the 6 day of Sept, 20 11, to certify which, witness my hand and seal of office.

*S. Meadors*  
Signature of officer administering oath

S. Meadors  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

Julie Merrifield Schultz

3 ACCOUNT # (Ethics Commission Filers)

N/A

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)7 Amount of  
contribution (\$)8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

See attached

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**Jullie Merrifield Schultz**  
**College Station City Council Place 5**

[illegible]



**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule B: <u>1</u>	
<b>2</b> FILER NAME <u>Julie Merrifield Schultz</u>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   \$			
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... <b>7</b> Pledgor address;      City; State; Zip Code  <div style="text-align: center; font-size: 1.5em; border: 1px solid black; border-radius: 50%; width: 150px; margin: 0 auto; padding: 10px;">NONE</div>	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)  <small>(If travel outside of Texas, complete Schedule T)</small>
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)  <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)  <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)  <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)  <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="font-size: 1.2em;">Julie Merrifield Schultz</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$	
5 Date of loan <div style="font-size: 1.2em;">5-6-11</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Julie Schultz</div>		9 Loan Amount (\$) <div style="font-size: 1.2em;">343.67</div>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address;   City;   State;   Zip Code <div style="font-size: 1.2em;">3208 Innsbruck Circle College Station, Tx 77845</div>		10 Interest rate <div style="font-size: 1.2em;">0.76</div>
			11 Maturity date <div style="font-size: 1.2em;">N/A</div>
12 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">individual</div>		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none <div style="font-size: 1.2em;">NONE</div>			
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor		18 Amount Guaranteed (\$)
	17 Guarantor address;   City;   State;   Zip Code		
19 Principal Occupation (See Instructions)		20 Employer (See Instructions)	

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?  Y   N	Lender address;   City;   State;   Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address;   City;   State;   Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1		<b>2</b> FILER NAME Julie Merrifield Schultz		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 7-11-11		<b>5</b> Payee name L. Shackelford Inc.			
<b>6</b> Amount (\$) \$2100. <sup>00</sup>		<b>7</b> Payee address; City; State; Zip Code 300 W. 24 <sup>th</sup> Street Bryan, TX 77803			
<b>8</b> PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T)	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5-13-11		Payee name Julie Schultz			
Amount (\$) \$1006. <sup>33</sup>		Payee address; City; State; Zip Code 3208 Innsbruck Circle College Station, TX 77845			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Loan Repayment		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5-13-11		Payee name Texas Political Consultants			
Amount (\$) \$467.63		Payee address; City; State; Zip Code 3002 Texas Ave S. College Station, TX 77845			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting expense		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Julie Schultz	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code  N/A
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# **PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH**

## **SCHEDULE H**

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H: 1	<b>2</b> FILER NAME Julie Schultz	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 150px; height: 100px; margin: 0 auto;">N/A</div>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: 1	<b>2</b> FILER NAME Julie Schultz		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name		
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code N/A		
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)		(b) Description (See instructions regarding type of information required.)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CREDITS (optional)****SCHEDULE K**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule K:

1

**2** FILER NAME

Julie Schultz

**3** ACCOUNT # (Ethics Commission Filers)**4** Date**5** Payor name**8** Amount  
(\$)**6** Payor address; City; State; Zip Code**7** Reason for credit

N/A

Date

Payor name

Amount  
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount  
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount  
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount  
(\$)

Payor address; City; State; Zip Code

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE  
FOR TRAVEL OUTSIDE OF TEXAS****SCHEDULE T**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule T: 1**2** FILER NAMEJulie Schultz**3** ACCOUNT # (Ethics Commission Filers)**4** Name of Contributor / Corporation or Labor Organization / Pledgor / Payee**5** Contribution / Expenditure reported on:

☐ Schedule A   ☐ Schedule B   ☐ Schedule C   ☐ Schedule D   ☐ Schedule F   ☐ Schedule G  
☐ Schedule H   ☐ Schedule N   ☐ COH-UC   ☐ COH-T   ☐ PAC-C   ☐ PAC-E

**6** Dates of travel**7** Name of person(s) traveling**8** Departure city or name of departure location**9** Destination city or name of destination locationN/A**10** Means of transportation**11** Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A   ☐ Schedule B   ☐ Schedule C   ☐ Schedule D   ☐ Schedule F   ☐ Schedule G  
☐ Schedule H   ☐ Schedule N   ☐ COH-UC   ☐ COH-T   ☐ PAC-C   ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A   ☐ Schedule B   ☐ Schedule C   ☐ Schedule D   ☐ Schedule F   ☐ Schedule G  
☐ Schedule H   ☐ Schedule N   ☐ COH-UC   ☐ COH-T   ☐ PAC-C   ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED